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## FEC FORM 2

## STATEMENT OF CANDIDACY

	(a) Name of Candidate (in full)									
	Graves, John, Thomas, Mr., Jr									
	(b) Address (number and street) 475 Craig Rd NE	☐ Check i	Candidate's FEC Identification Number     H0GA09030							
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Ranger	GA 30734-9703				Statement	(N)	OR	×	(A)
4.	Party Affiliation	5. Office Sought			6. State & Dis	ict of Candidate				
	REPUBLICAN PARTY	House			GA	14				
	DE	SIGNATION O	F PRIN	NCIPAL	CAMPAIG	COMMITTEE				
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	NOTE: This designation should be f	led with the appropri	iate office	e listed in th	e instructions.					
	(a) Name of Committee (in full)									
	Graves for Congres	S								
	(b) Address (number and street) PO Box 335									
	(c) City, State, and ZIP Code									
	Calhoun				GA	30703				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
	•	•			g Representativ	es)		l funds	on be	half of my
	•	ned committee, which	n is NOT	my principa	g Representativ	es)		I funds	on be	half of my
	candidacy.	ned committee, which	n is NOT	my principa	g Representativ	es)		l funds	on be	half of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)	led committee, which	n is NOT	my principa	g Representativ	es)		l funds (	on be	half of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM GRAVES  (b) Address (number and street)	led committee, which	n is NOT	my principa	g Representativ	es)		I funds	on be	half of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM GRAVES  (b) Address (number and street) 824 S MILLEDGE AVE STE 10	led committee, which	n is NOT	my principa	g Representativ	es)		l funds (	on be	half of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM GRAVES  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code	ned committee, which	n is NOT	my principa	g Representatival campaign con	amittee, to receive an	nd expend			half of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM GRAVES  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code ATHENS	ned committee, which	n is NOT	my principa	g Representatival campaign con	amittee, to receive an	nd expend			half of my
Sig	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM GRAVES  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code  ATHENS  I certify that I have example of the state of t	ned committee, which	n is NOT	my principa	g Representatival campaign con	and belief it is true, co	nd expend			half of my
Sig Gr	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM GRAVES  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code ATHENS  I certify that I have example of Candidate	ned committee, which	n is NOT	my principa	g Representatival campaign consee.  GA  my knowledge are conically Filed)	30605  and belief it is true, co  Date  11/28/2016	nd expend	comple	ete.	

FEC FORM 2 (REV. 02/2009)